

SERFF Tracking Number: AMRP-126389324 State: Arkansas
Filing Company: World Corp Insurance Company State Tracking Number: 44126
Company Tracking Number: M3110WC
TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.001 Plan A 2010
Standard Plans 2010
Product Name: WCIC Med Supp Replacement Form
Project Name/Number: WCIC Med Supp Replacement Form/WCIC Med Supp Replacement Form

Filing at a Glance

Company: World Corp Insurance Company

Product Name: WCIC Med Supp Replacement Form SERFF Tr Num: AMRP-126389324 State: Arkansas

TOI: MS08I Individual Medicare Supplement - Standard Plans 2010 SERFF Status: Closed-Approved- Closed State Tr Num: 44126

Sub-TOI: MS08I.001 Plan A 2010

Co Tr Num: M3110WC

State Status: FEES PAID

Filing Type: Form

Reviewer(s): Stephanie Fowler

Authors: Susan Falk, Sarah Shives, Disposition Date: 12/17/2009

Jamie Mueller, Michele Kulish,

Colletta Maddy

Date Submitted: 11/18/2009

Disposition Status: Approved-Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: WCIC Med Supp Replacement Form

Project Number: WCIC Med Supp Replacement Form

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: Resubmission

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 11/18/2009

Created By: Sarah Shives

Corresponding Filing Tracking Number:

Filing Description:

Please see Cover Letter under Supporting Documentation tab.

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Previous Filing Number: AMRP-126211605

Overall Rate Impact:

Filing Status Changed: 12/17/2009

Deemer Date:

Submitted By: Sarah Shives

Company and Contact

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Filing Contact Information

Sarah Shives, sarah.shives@americanenterprise.com
601 6th Ave. 515-245-2083 [Phone]
Des Moines, IA 50309

Filing Company Information

World Corp Insurance Company CoCode: 79987 State of Domicile: Nebraska
11808 Grant Street Group Code: 3527 Company Type: Life and Health
P O Box 3160 Group Name: American Enterprise State ID Number:
Omaha, NE 68103-0160 FEIN Number: 56-0710065
(402) 486-8289 ext. [Phone]

Filing Fees

Fee Required? Yes
Fee Amount: \$20.00
Retaliatory? Yes
Fee Explanation: \$20.00 per 1 form filed separately.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
World Corp Insurance Company	\$20.00	11/18/2009	32139502

SERFF Tracking Number:	AMRP-126389324	State:	Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	12/17/2009	12/17/2009

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Disposition

Disposition Date: 12/17/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	AMRP-126389324	State:	Arkansas
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Accepted for Informational Purposes	Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Outline of Coverage		Yes
Supporting Document	Cover Letter	Accepted for Informational Purposes	Yes
Form	Replacement Form	Approved	Yes

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Form Schedule

Lead Form Number: M3110WC

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved 12/17/2009	M3110WC	Other	Replacement Form	Revised	Replaced Form #: M3110WC Previous Filing #: AMRP-126211605	46.700	M3110WC (11-113-0894-XXXX US) (5-19-09).pdf

Notice to Applicant Regarding Replacement of Medicare Supplement Insurance or Medicare Advantage

SAVE THIS NOTICE! IT MAY BE IMPORTANT TO YOU IN THE FUTURE.

According to your application, you intend to terminate existing Medicare supplement or Medicare Advantage insurance and replace it with coverage to be issued by World Corp Insurance Company. Your new coverage will provide thirty (30) days within which you may decide without cost whether you desire to keep the coverage.

You should review this new coverage carefully. Compare it with all accident and sickness coverage you now have. If, after due consideration, you find that purchase of this Medicare supplement coverage is a wise decision, you should terminate your present Medicare supplement or Medicare Advantage coverage. You should evaluate the need for other accident and sickness coverage you have that may duplicate this coverage.

STATEMENT TO APPLICANT BY ISSUER, AGENT/BROKER OR OTHER REPRESENTATIVE:

I have reviewed your current medical or health insurance coverage. To the best of my knowledge, this Medicare supplement coverage will not duplicate your existing Medicare supplement or, if applicable, Medicare Advantage coverage because you intend to terminate your existing Medicare supplement coverage or leave your Medicare Advantage plan. The replacement coverage is being purchased for the following reason (✓ one):

- ☐ Additional benefits.
- ☐ No change in benefits, but lower premiums.
- ☐ Fewer benefits and lower premiums.
- ☐ My plan has outpatient prescription drug coverage and I am enrolling in Part D.
- ☐ Disenrollment from a Medicare Advantage plan. Please explain reason for disenrollment.

☐ Other. (please specify)

If, you still wish to terminate your present coverage and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical and health history. Failure to include all material medical information on an application may provide a basis for the company to deny any future claims and to refund your premium as though your coverage had never been in force. After the application has been completed and before you sign it, review it carefully to be certain that all information has been properly recorded.

Do not cancel your present coverage until you have received your new coverage and are sure that you want to keep it.

Date

MM / DD YYYY

Signature of Issuer, Agent, Broker or Other Representative

Applicant's Signature

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Accepted for Informational Purposes	12/17/2009

Comments:

Attachment:

Compliance Certification - WCIC - AR - Resubmission of Replacement form.pdf

	Item Status:	Status Date:
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Bypassed - Item: Application		
Bypass Reason: Information regarding application was submitted with previous filing: AMRP-126211605		
Comments:		

	Item Status:	Status Date:
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Bypassed - Item: Health - Actuarial Justification		
Bypass Reason: Not applicable. Previous Filing: AMRP-126211605		
Comments:		

	Item Status:	Status Date:
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Bypassed - Item: Outline of Coverage		
Bypass Reason: Outline of Coverage submitted with previous filing: AMRP-126211605		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Cover Letter	Accepted for Informational Purposes	12/17/2009

Comments:

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Attachment:

Cover Letter Replacement Form 11-18-09.pdf



To: Department of Insurance

RE: Form M3110WC (Replacement Form)

I certify the policy form being filed complies with Rule 19, Rule 49 and ACA 23-79-138.

I also certify the form being filed meet minimum requirements of the Flesch reading ease policy simplification test, and that: the Flesch reading ease test has been applies to each from, and each from reaches a readability score of at least 40. Also the type size is at least 10 point, one point leaded.

A handwritten signature in blue ink, reading "Christopher A. Aasland", is positioned above a horizontal line.

Christopher Aasland, FSA, MAAA
Vice President and Actuary

Date: November 18, 2009



NAIC: 79987

Date: November 18, 2009

Hon. Julie Benefield Bowman, Commissioner of Insurance
Insurance Division
1200 W. Third St.
Little Rock, AR 72201-1904

Attention: Stephanie Fowler

Re: Individual Medicare Supplement Plans –
Replacement Form – M3110WC

Dear Ms. Fowler:

Previously under SERFF filing number AMRP-126211605, approval was received to use form M3110WC. Upon further review of the form, it was determined the form needed to be changed. Since M3110WC is not active in Arkansas yet because it is intended to be used effective January 1, 2010, please replace form M3110WC that you currently have on file with this new M3110WC to be used in Arkansas.

Please find enclosed for your Department's review M3110WC, as amended. These Medicare Supplement forms will be marketed to Arkansas residents who are eligible for Medicare and will be marketed through face-to-face contact as well as telephone solicitation. The form employs easy-to-read language. Our certification of the Flesch Readability Score is included with the filing.

Variable material is bracketed to indicate that they are subject to change. The forms are in final print subject only to minor modifications in paper size, stock, color, border, font, company logo and adaptation to computer printing. Depending on printer capabilities, the application will be printed as either simplex or duplex.

If you have any questions about the changes or the filing, please feel free to contact me at 1-800-247-2190 ext. 2083 or sarah.shives@americanenterprise.com. Your earliest acknowledgement of this filing will be greatly appreciated.

Sincerely,

A handwritten signature in cursive script that reads 'Sarah Shives'.

Sarah Shives
Compliance Analyst

World Corp Insurance Company

Phone: (515) 245-2083 **Fax:** (515) 875-4391 **e-mail:** sarah.shives@americanenterprise.com